

**QUARTERLY CONTRACT MONITORING REPORT (QCMR)
LEVEL OF SERVICE REPORT
OUTPATIENT SERVICES**

USTF PROJECT CODE:

REPORTING QUARTER: (CHECK ONE):

NAME OF AGENCY:

JULY 1 TO SEPTEMBER 30 1 ☐

NAME OF PROGRAM:

OCTOBER 1 TO DECEMBER 31 2 ☐

PERSON COMPLETING FORM/PHONE #:

JANUARY 1 TO MARCH 31 3 ☐

DATE SUBMITTED:

APRIL 1 TO JUNE 30 4 ☐

CHECK AGENCY REPORTING QUARTER:

1 ☐

2 ☐

3 ☐

4 ☐

1.

2.

3.

4.

5.

6.

**Beginning
Active
Caseload
(First Day
of Quarter)**

**New
Enrollees to
Program
Element
During Qtr.**

**Transfers
to
Program
Element
During
Quarter**

**Transfers
From
Program
Element
During
Qtr.**

**Terminations
From Program
Element
During Qtr.**

**Ending
Active
Caseload
(Last Day
of Quarter)**

TARGET GROUPS

7. Number of Target Group Members:

NEW ENROLLEES

TRANSFERS

7A. Clients who were Discharged from State Hospitals and Enrolled in this Program Within 30 Days of Discharge.

7B. Clients who were Discharged from County Hospitals and Enrolled in this Program Within 30 Days of Discharge.

7C. Clients who were Discharged from a Short-Term Care Facility/Involuntary Psychiatric Unit and Enrolled in this Program Within 30 Days of Discharge.

7D. Clients who were Discharged from another Hospital and Enrolled in this Program Within 30 Days of Discharge.

OUTPATIENT SERVICES

BEGINNING ACTIVE CASELOAD: Consist of clients who have had at least one face-to-face contact with your agency in the last 90 days and were active on the last of the previous quarter. **The Beginning Caseload is equal to the Ending Caseload of the previous reporting quarter.**

NEW ENROLLEES: Clients who were newly enrolled in your agency during the reporting quarter and were enrolled in this program element prior to enrollment in any other program element within your agency.

TRANSFERS TO: Refers to clients who are already registered within your agency in another program element, and are being transferred to this program element service.

TRANSFERS FROM: Refers to clients who are registered within your agency in this program element, but for whom this program has ceased to provide services on an ongoing basis and for whom another program element of your agency is going to provide services on an ongoing basis.

TERMINATIONS: Clients who are no longer receiving services at your agency.

ENDING ACTIVE CASELOAD: Is the active caseload on the last day of the reporting quarter. It is calculated in the following manner: **Add #1** (Beginning Active Caseload) **plus #2** (New Enrollees) **plus #3** (Transfers To). **Subtract #4** (Transfers From) and **#5** (Terminations) = **Ending Caseload #6.**

DUPLICATED COUNTY OF TARGET GROUP MEMBERS AMONG “NEW ENROLLEES” AND “TRANSFERS TO”: Refers to the count of clients who entered this program element within 30 days of their discharge from the hospital. The definitions of “New Enrollees” and “Transfers To” are the same as stated above. Therefore, the number of “New Enrollees” or Transfers To” indicated in categories 7A, 7B, 7C, and 7D, should be the same or less than the number indicated in items #2 and #3 of this form.

- 7A. STATE HOSPITAL:** Refers to the states six psychiatric hospitals located in New Jersey only: Greystone Park, Trenton, Ancora, Arthur Brisbane, Hagedorn, and Ann Klein.
- 7B. COUNTY HOSPITALS:** Refers to the six county hospitals located in New Jersey only: Essex, Burlington, Camden, Hudson, Bergen, and Union.
- 7C. SHORT-TERM CARE FACILITIES:** Refers to inpatient, community-base mental health treatment facilities that provide acute care and assessment services to the mentally ill. The Commissioner, Department of Human Services must designate the facility.
- 7D. OTHER HOSPITAL:** Refers to any psychiatric hospital or psychiatric unit within a hospital that is not a State, County or STCF Hospital in New Jersey; include as “Other” any Facility located outside of New Jersey.

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PERSON COMPLETING FORM/PHONE #:

DATE SUBMITTED:

REPORTING QUARTER: (CHECK ONE):

JULY 1 TO SEPTEMBER 30 1 ☐

OCTOBER 1 TO DECEMBER 31 2 ☐

JANUARY 1 TO MARCH 31 3 ☐

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CHECK AGENCY REPORTING QUARTER:

1 ☐

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1. Of the Ending Caseload how many clients are:

A. Medicaid/Familycare Enrolled
(1A. + 1B. must equal ending caseload)

B. Medicaid/Familycare Non-Enrolled

2. Number of Face-to-Face Contacts Clients Have with Staff:

A. On-Site:

B. Off-Site:

3. The following is a breakdown by MODALITY of the number of face-to-face client contacts with outpatient staff (both on-site and off-site):

- A. Individual Therapy
- B. Group Therapy
- C. Family Therapy
- D. Medication Maintenance
- E. Intake/Clinical Assessment/Treatment Planning
- F. Outreach to Individuals Residing in Independent Living
- G. Outreach to Individuals Residing in Boarding Homes
- H. Outreach to Individuals Residing in Nursing Homes
- I. All Other Contacts Not Classified Above:
Specify: _____

A	
B	
C	
D	
E	
F	
G	
H	
I	
→	

4. Total Face-to-Face Contacts

(Sum of 2.A. and 2.B. should equal the sum of 3.A. thru 3.I.)

5. Of the Total Units of Service Provided (Sum of 2A and 2B) how many were provided to individuals who were:

A. Medicaid/Familycare Enrolled
(5A. + 5B. must equal Total Units of Service)

B. Medicaid/Familycare Non-Enrolled

OUTPATIENT SERVICES

A set of counseling interventions provided by trained clinicians to clients living in the community who require non-immediate care that can be delivered on a scheduled basis. Interventions may include individual, group, and family therapy; medication counseling and maintenance, assessment and testing, outreach services, and referral.

FACE-TO-FACE CONTACTS:

Individual Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer.

Group Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer. Do not count excess Medicaid maximum group size.

Family Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer. Do not count each family member.

Medication Monitoring: 1 contact is 15 continuous minutes of face-to-face with the consumer.

Intake/Clinical Assessment/Treatment Planning: 1 contact is 30 continuous minutes of face-to-face contact with the consumer.

Outreach and Other: 1 contact is 15 continuous minutes of face-to-face with the consumer.

For the therapies, please note that the face-to-face time can include up to 5 minutes per 30 minute session for the completion of progress notes, limited to a maximum of 10 minutes for a 90 minute session (3 QCMR units).